



APPLICATION FOR USE OF CLUBHOUSE FACILITIES

Facility: Newland Barn ☐ Harbour View Clubhouse ☐ Lake Park Clubhouse ☐ Lake Park BBQ ☐

Alcohol YES ☐ NO ☐ Will you charge guests for alcohol or entrance? YES ☐ NO ☐

Would you like our staff to set up and take down the provided tables and chairs for a \$25.00 fee? YES ☐ NO ☐

If yes, please indicate Theater seating ☐ Banquet seating ☐ Custom seating ☐ (please provide diagram)

Type of Event _____ Number Attending _____

Date(s) Requested _____ Day(s) of Week _____

Hours Requested _____ am/pm to _____ am/pm *(Include *setup and cleanup* time)

Is this rental ongoing? YES ☐ NO ☐ Frequency of Rental _____

Applicant Name _____ Organization _____

Address _____ City _____ Zip _____

Phone _____ Other Phone _____ E-mail address _____

We intend to comply with the Americans with Disabilities Act. If you require special accommodations, indicate on line below:

The undersigned hereby agrees to abide by the policies governing the use of this facility, as set forth on the attached page, and all others approved by City Council, and will specifically accept responsibility for any damage to the facility, furniture or equipment caused by the occupancy of said premises. I understand that the City of Huntington Beach is not responsible for lost or stolen property. The failure to fulfill any obligation within this document or violate any provisions herein shall be considered a breach of facility use, and may result in immediate termination of the event and the forfeiture of all fees and deposits.

Signature of Applicant _____ Driver's License # _____ Date _____

APPROVAL:

COMMUNITY SERVICES

Approved _____ Denied _____ Date _____

By _____

CITY MANAGER

Approved _____ Denied _____ Date _____

By _____

POLICE DEPARTMENT

Approved _____ Denied _____ Date _____

By _____

ABC License # _____

(if applicable)

(FOR DEPARTMENT USE ONLY)

CHARGES:

Number of Hours _____ @ _____ \$ _____
Second Opening Fee \$ _____
Table/Chair Setup Fee \$ _____
Other _____ \$ _____

Insurance Fee \$ _____
Alcohol Filing Fee \$ _____
Cleaning/Security Deposit \$ _____
Minus Deposits \$- _____
TOTAL \$ _____

☐ Cash ☐ Credit Card V MC D Last 4 Digits _____ Exp ____/____ ☐ Check # _____

Received By _____ Date _____ Receipt # _____